

SERIAL NUMBER 09/444,166	FILING DATE 11/22/99	CLASS 455	GROUP ART UNIT 2749	ATTORNEY DOCKET NO. 13167
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APPLICANT

YOSHIMASA HOSONUMA, TOKYO, JAPAN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

NW, J2

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

NW, J2

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED JAPAN 10-347972 11/24/98

OK, PC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/28/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>Examiner's initials</u> <u>initials</u>					

ADDRESS


PAUL J ESATTO JR  
SCULLY SCOTT MURPHY AND PRESSER  
400 GARDEN CITY PLAZA  
GARDEN CITY NY 11530

23389




TITLE

FLEXIBLE BOARD AND METHOD OF FABRICATING THE SAME

FILING FEE RECEIVED  \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>Issue Classification</b> 	<b>Application No.</b>	<b>Applicant(s)</b>	
	09/444,166	HOSONUMA	
	<b>Examiner</b>	<b>Art Unit</b>	
	Joy K Contee	2686	

ISSUE CLASSIFICATION												
ORIGINAL					CROSS REFERENCE(S)							
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
455		550.1			333	247						
INTERNATIONAL CLASSIFICATION					361	722						
H	0	4	M	1/00	455	333						
				/								
				/								
				/								
				/								

 Joy Contee 12/12/04 (Assistant Examiner) (Date)		 CHARLES APPIAH PRIMARY EXAMINER 12/13/04 (Primary Examiner) (Date)		<b>Total Claims Allowed: 15</b>	
 (Legal Instruments Examiner) (Date)				O.G. Print Claim(s) 4	O.G. Print Fig. 2

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant					<input type="checkbox"/> CPA					<input type="checkbox"/> T.D.					<input type="checkbox"/> R.1.47				
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original			
	1			31			61			121			151			181			
2	2			32			62			122			152			182			
3	3			33			63			123			153			183			
1	4			34			64			124			154			184			
4	5			35			65			125			155			185			
5	6			36			66			126			156			186			
	7			37			67			127			157			187			
7	8			38			68			128			158			188			
8	9			39			69			129			159			189			
6	10			40			70			130			160			190			
9	11			41			71			131			161			191			
10	12			42			72			132			162			192			
	13			43			73			133			163			193			
12	14			44			74			134			164			194			
13	15			45			75			135			165			195			
11	16			46			76			136			166			196			
14	17			47			77			137			167			197			
15	18			48			78			138			168			198			
	19			49			79			139			169			199			
	20			50			80			140			170			200			
	21			51			81			141			171			201			
	22			52			82			142			172			202			
	23			53			83			143			173			203			
	24			54			84			144			174			204			
	25			55			85			145			175			205			
	26			56			86			146			176			206			
	27			57			87			147			177			207			
	28			58			88			148			178			208			
	29			59			89			149			179			209			
	30			60			90			150			180			210			